MAXIMUS Federal Services

Case Number:	CM13-0065865		
Date Assigned:	01/03/2014	Date of Injury:	12/24/2009
Decision Date:	05/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old female who was injured on 12/24/2009. She fell while she was doing an errand for work. The patient underwent a bilateral L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance with interpretation of lumbar epidurogram on 08/26/2013. The patient's medications as of 11/22/2013 include: Norco, Intermezzo, Omeprazole, Cymbalta, Gabapentin, Naproxen, Hydrocodone, Voltaren, and Celexa. The diagnostic studies reviewed include an electromyography (EMG) performed on 10/25/2013, which revealed no evidence of lumbar radiculopathy or peripheral neuropathy. An EMG performed on 03/29/2012, revealed that the bilateral sural and superficial peroneal sensory responses were normal and the needle EMG of the bilateral lower limbs is normal. The additional consultations include a psychological evaluation dated 10/25/2013, which states that the patient is experiencing significant psychological distress as a direct result of her work-related injury. The psychological distress appears to be severe enough to interfere with her ability to function. The recommendation is to continue psychological treatment, in conjunction with six (6) sessions of biofeedback. The [redacted] note dated 11/22/2013, reports that the patient complains of a low back injury, which she rates the pain as 4/10. The patient has tried physical therapy, home exercise, chiropractic, and massage therapy, all of which have provided pain relief. On examination, the lumbar flexion is limited to 45 degrees, due to moderate low back pain; and the extension is limited to only 15 degrees. There is exquisite tenderness of the thoracolumbar fascia. The sacroiliac joints are non-tender to palpation. The Patrick's test is negative bilaterally. The motor testing is 5-/5 bilateral lower extremities, particular in bilateral feel dorsiflexion and inversion. The sensory perception is altered to soft touch in the bilateral lower extremities, with persistent paresthesias in the bilateral L4 and L5 dermatomes. The patient's gait is non-antalgic. The patient is diagnosed with degeneration of the lumbar or

lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; sciatica; lumbago, lumbosacral spondylosis without myelopathy; anxiety state unspecified; and depressive disorder, NOS. The patient received refills on Norco, Intermezzo, Omeprazole, Cymbalta, Gabapentin, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORCO 10/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHROINC PAIN, WEANING OF MEDICATIONS Page(s): 80.

Decision rationale: The Chronic Pain Guidelines indicate that Norco "Hydrocodone" is recommended for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The medical records document that the patient had been diagnosed with lumbago (low back pain). In the absence of significant improvement of pain and function on this medication, the request is not medically necessary according to the guidelines.

INTERMEZZO 1.75MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 10/14/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS AND STRESS, INSOMNIA TREATMENT.

Decision rationale: The Official Disability Guidelines indicate that Intermezzo "zolpidem" is a non-benzodiazepine hypnotic, and is recommended as first-line medications for insomnia. The medical records document that the patient had been diagnosed with low back pain. Specific comments on insomnia are not noted. However, a provider should attempt to make one (1) medication adjustment at a time. It was recommended to wean off an opioid, which is paramount. Thus, further adjustment of more medications at the same time is not recommended. Therefore, this medication is an appropriate deviation from the strict guideline cited above.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that Cymbalta "duloxetine" is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records document that the patient had been diagnosed with low back pain, sciatica, and depressive disorder. A psychological evaluation which was dated 10/25/2013, revealed that the patient had experienced psychological distress as a direct result of the work-related injury. However, a provider should attempt to make one (1) medication adjustment at a time. It was recommended to wean off an opioid, which is paramount. Thus, further adjustment of more medications at the same time is not recommended. Therefore, this medication is an appropriate deviation from the strict guideline cited above.

CYMBALTA 30MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-14.

Decision rationale: The Chronic Pain Guidelines indicate that Cymbalta "duloxetine" is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records document that the patient had been diagnosed with low back pain, sciatica, and depressive disorder. A psychological evaluation which was dated 10/25/2013, revealed that the patient had experienced psychological distress as a direct result of the work-related injury. However, a provider should attempt to make one (1) medication adjustment at a time. It was recommended to wean off an opioid, which is paramount. Thus, further adjustment of more medications at the same time is not recommended. Therefore, this medication is an appropriate deviation from the strict guideline cited above.

GABAPENTIN 600MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 16-17.

Decision rationale: The Chronic Pain Guidelines indicate that Gabapentin, which is an "antiepilepsy drug", is recommended for neuropathic pain (pain due to nerve damage). The medical records document that the patient had been diagnosed with low back pain, sciatica and lumbosacral spondylosis. In the absence of documented nerve damage or improvement of pain and function, further this medication has few random controlled trials (RCTs) directed at central pain. However, a provider should attempt to make one (1) medication adjustment at a time. It

was recommended to wean off an opioid, which is paramount. Thus, further adjustment of more medications at the same time is not recommended. Therefore, this medication is an appropriate deviation from the strict guideline cited above.

NAPROXEN 500MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug (NSAID), which is recommended as an option for short-term symptomatic relief. The medical records document that the patient had been diagnosed with low back pain, sciatica and lumbosacral spondylosis. In the absence of documented improvement of pain and function, this medication is recommended for short term duration and in acute exacerbation of low back pain. However, a provider should attempt to make one (1) medication adjustment at a time. It was recommended to wean off an opioid, which is paramount. Thus further adjustment of more medications at the same time is not recommended. Therefore, this medication is an appropriate deviation from the strict guideline cited above.